

| POSITION                         | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|------|
| <b>FEE DETERMINATION</b>         |          |        |      |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |      |
| <b>FORMALITY REVIEW</b>          |          |        |      |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |      |

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date     |
|-------|----------|
| Final | Original |
| 1     | ✓ 1/1/01 |
| 2     | ✓ 1/1/01 |
| 3     | ✓ 1/1/01 |
| 4     | ✓ 1/1/01 |
| 5     | ✓ 1/1/01 |
| 6     | ✓ 1/1/01 |
| 7     | ✓ 1/1/01 |
| 8     | ✓ 1/1/01 |
| 9     | ✓ 1/1/01 |
| 10    | ✓ 1/1/01 |
| 11    | ✓ 1/1/01 |
| 12    | ✓ 1/1/01 |
| 13    | ✓ 1/1/01 |
| 14    | ✓ 1/1/01 |
| 15    | ✓ 1/1/01 |
| 16    | ✓ 1/1/01 |
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| 18    | ✓ 1/1/01 |
| 19    | ✓ 1/1/01 |
| 20    | ✓ 1/1/01 |
| 21    | ✓ 1/1/01 |
| 22    | ✓ 1/1/01 |
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| 25    | ✓ 1/1/01 |
| 26    | ✓ 1/1/01 |
| 27    | ✓ 1/1/01 |
| 28    | ✓ 1/1/01 |
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| 30    | ✓ 1/1/01 |
| 31    | ✓ 1/1/01 |
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| 33    | ✓ 1/1/01 |
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| Claim | Date     |
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| Claim | Date     |
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| Final | Original |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Z-61  
8-2-01

05/05/01